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US Lawmakers Renew Push For Diabetes Telehealth Bill

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Executive Summary

Sen. Tim Scott has reintroduced the Prevent Diabetes Act in the US Senate that would direct Medicare to reimburse for virtual diabetes care, which includes paying for telehealth services.



SOUTH CAROLINA REPUBLICANS SEN. TIM SCOTT AND REP. TOM RICE HAVE REINTRODUCED THE PREVENT DIABETES ACT IN THEIR RESPECTIVE HOUSES

Source: US Congress

US Sen. Tim Scott has reintroduced the Prevent Diabetes Act in the Senate Finance committee. If made into law, the bill would direct the Centers for Medicare and Medicaid Services (CMS) to pay for virtual treatments through the Medicare Diabetes Prevention Program (MDPP).

Virtual diabetes prevention programs recognized by the Centers for Disease Control and Prevention would be allowed to seek reimbursement from the CMS under the MDPP. Though the bill broadly seeks reimbursement to treat diabetics 65 and older virtually, in effect it could be the starting point for a huge boon for telehealth companies, which have seen an exponential growth in investment over the past few years.

“One quarter of South Carolina’s elderly population and one in five South Carolinians living below the poverty line have diabetes,” said Scott, a Republican from the state and co-sponsor of the bill with Sen. Mark Warner, D-

VA. “Our bill not only expands access to lifesaving health care options for those who already have the disease, but it also supports programs that can delay or prevent the full onset of diabetes. By opening the door to virtual suppliers, we can ensure all patients have access to care regardless of zip code.”

On the House side Rep. Tom Rice, R-SC, who reintroduced the Prevent Diabetes Act back in April, says the MDPP has already proven to be a very successful program. He notes that based on the government’s own research more than 70% of elderly diabetes patients who have worked with specialists at clinical sites have significantly improved their quality of life.

“Telehealth has taken center stage and people are recognizing how important it is.” – Tom Rice

But Rice noted that the sites are often unreachable, especially for those in rural areas and the underserved, and being able to get virtual treatments could significantly improve access to preventative care. He pointed out that diabetes affects not just his district disproportionately, but rural, poor and Black people more generally.

“It disproportionately affects African Americans and Tim Scott is very well aware of its effect on rural African Americans in South Carolina,” Rice told *Medtech Insight*.

“If you had to physically go to one of these sites to have this done, it would be over a hundred miles from most of the people in my district,” he said. “In this last year, particularly with the coronavirus, telehealth has taken center stage and people are recognizing how important it is, what a beneficial tool it is to use the internet to deliver medical care.”

Rice says some of the objectives of the MDPP program are to help patients exercise and control their weight, which could be used as preventative care for a slew of other diseases. The bill could be the first step in not just using telehealth to treat people with diabetes, but potentially other ailments.

“Just forgetting about this particular bill and looking at delivery of medical services generally, I think almost every area of medicine there are some aspects that could be dealt with in telehealth,” Rice said. “What you have to be careful of is that you’re working with services that actually provide a benefit ... because unfortunately, there are unscrupulous people out there who would take advantage of this to pad their wallets.”

Lucia Savage, chief privacy and regulatory officer at Omada Health, agrees with the need to be careful about how the CMS reimburses for such services. A former chief privacy officer at the Office of the National Coordinator for Health IT, she says she entered the private sector because she believed there were opportunities for telehealth to change how patients receive effective treatment.

“It is fair for the government to be worried about overutilization. ...Nobody wants to pay for fraudulent care, there are a lot of bad actors in any modality of care,” she told *Medtech Insight*. However, she added that the CMS can apply the same evaluation it applies to other medical devices that it reimburses for in order to determine whether the service is effective and worth the reimbursement.

Omada Health is a digital health company that offers virtual care and would benefit from the bill becoming law.

“If a delivery method meets the quality standards set by the government, then why do we care what the mode of delivery is?” – Lucia Savage

While the Prevent Diabetes Act was introduced in congress last year, it failed to go anywhere. Savage notes that the bill is very small and specific, which means it will likely need a larger bill as a vehicle to get it across the finish line.

One such vehicle could be the 21st Century Cures Act 2.0, co-sponsored by Rep. Diana DeGette, D-CO, and introduced on 22 June. Savage says that bodes well for the Prevent Diabetes Act being folded into that larger bill.

“I would think that a health-related bill in [House] Ways and Means would be the most likely place to go,” Rice said. “I don’t see this as something that’s going to be attached to a must-pass spending bill.”

For proponents of the Prevent Diabetes Act, the benefits of the bill far outweigh any risk of abuse by potential bad actors. Savage notes that when the Medicare Diabetes Prevention Program was first started in 2017, the expectation was that there would be 50,000 enrollees annually by the year 2020. However, she noted that to date only 2,200 people have enrolled in the program, in large part due to a lack of virtual and video options because patients often are unable to get to the clinical sites where the specialists are available to help them take advantage of the program.

“If a delivery method meets the quality standards set by the government, then why do we care what the mode of delivery is?” Savage questioned. “Some people are going to want smartphone connectivity and some people are going to want to go to a building. Why not let them make their own choices?”

However, the bill could become moot in July if the CMS decides to change regulations allowing virtual treatment through the Medicare Diabetes Prevention Program– but that probably won’t happen.

Rice’s staff have been in discussion with the CMS about virtual treatment and the agency has said that they need a legislative fix to allow them to reimburse for telehealth services.